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An Examination of Students' and Staff Nurses' Opinions Affecting Interaction

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ACKNOWLEDGMENTS

AN EXAMINATION OF STUDENTS' AND STAFF NURSES'
OPINIONS AFFECTING INTERACTION

has been approved for the

by
Emily J. Tuttle

B. S., University of Dubuque, 1947

by

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Suzanna L. Chase

Date August 14, 1961

A Thesis submitted to the Faculty of the Graduate
School of the University of Colorado in partial
fulfillment of the requirements for the Degree
Master of Science

1961

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Deep appreciation is expressed to the members of
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Nursing

Special thanks is due to Dr. Robert L. Gasser, a
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 former member of my committee, for his interest and
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 data collected.

Kathryn Jane Grismer

Amelia L. Dean, Dean, College of Nursing, University
Suzanne L. Chase
 of Wyoming, and Leo W. Raifel, Administrator, Iverson
 Memorial Hospital, graciously agreed to
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 conduct the survey in their respective agencies.

Appreciation is expressed to Mrs. Harriet Neel for
 typing the thesis.

Tuttle, Emily Jane (M. S., Nursing)

An Examination of Students' and Staff Nurses'

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Opinions Affecting Interaction

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Special thanks is due to Dr. Robert L. Gasser, a former member of my committee, for his interest and nursing students and staff nurses and to examine similarities and differences of opinion between their concept guidance during the time the tool was constructed and data collected.

Amelia Leino, Dean, College of Nursing, University of Wyoming, and Leo W. Reifel, Administrator, Iverson

Two graphic rating scales were constructed. Opinions of thirty-four students and twenty-eight staff nurses Memorial Hospital, graciously granted permission to conduct the survey in their respective agencies.

Appreciation is expressed to Mrs. Harriet Neel for typing the thesis.

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Tuttle, Emily Jane (M. S., Nursing)

An Examination of Students' and Staff Nurses'

Opinions Affecting Interaction

Thesis directed by Assistant Professor Kathryn J. Grismer

As collegiate nursing students came to hospitals for learning experiences, it was foreseeable that a conflict of opinions might arise between nursing students and staff nurses as they interacted. The problem was to collect opinions regarding traits common to a selected group of nursing students and staff nurses and to examine similarities and differences of opinion between their concept of themselves, each other, and the importance of the traits as they affected interaction.

Two graphic rating scales were constructed. Opinions of thirty-four students and twenty-eight staff nurses were measured. Thirty-three traits were classified under four trait complexes. A profile of nursing students and staff nurses was developed by computing complex indices for the opinions revealed, on seven-point bipolar scales, regarding the groups' concept of themselves and each other and the way they thought each group would tend to see themselves. Traits were arranged on a five-point

Instructor in charge of dissertation

scale and opinions regarding importance of the traits were revealed. Indices computed for each of the trait complexes determined their relative importance.

Analysis revealed that nursing students' and staff nurses' self-esteem was relatively high and that their concept of each other was positive for all complexes. The self-esteem and apparent acceptance of each group's attributes suggested a basis for satisfactory interaction. One point of possible conflict was the students' lower opinion of staff nurses' human relations skill. Both groups agreed that the trait complexes were of similar and relatively high importance to effective interaction.

II. A REVIEW OF SOCIAL FACTORS

AFFECTING OPINIONS

Factors influencing early

concepts of nursing.

Influence of the sisterhoods

Influence of the military

Influence of early education

for women

This abstract of about 250 words is approved as to form and content. I recommend its publication.

Signed

Kathryn Jane Guisner
Instructor in charge of dissertation

TABLE OF CONTENTS

CHAPTER CHAPTER	PAGE PAGE
Sound financial control urged	13
I. INTRODUCTION	1
Nursing education accepted in colleges	13
The problem	2
Need for changing opinions	14
Statement of the problem	2
Local factors influencing opinions of the	
The purpose	2
two groups surveyed	16
Assumptions	3
Early association of university	
Scope and limitations	3
and hospital	16
Need for the study	4
Establishment of the College	
The method employed	6
of Nursing	18
Preview of the thesis	7
Aim of the College of Nursing	17
II. A REVIEW OF SOCIAL FACTORS	
A cooperative relationship	18
AFFECTING OPINIONS	8
Summary of the chapter	19
Factors influencing early	
III. THE RESEARCH PROCEDURE	21
concepts of nursing	9
The study of opinions	21
Influence of the sisterhoods	9
The semantic differential	24
Influence of the military	10
Construction of the checklist	26
Influence of early education	
First step in construction	27
for women	11
Second step in construction	27
Influence of Nightingale on	
Third step in construction	28
nursing	12
Fourth step in construction	28
Opinions affecting nursing in	
The pretest	29
the United States	12
Plans for analysis	30

CHAPTER	PAGE
Sound financial control urged	13
Nursing education accepted in colleges.	13
Need for changing opinions	14
Local factors influencing opinions of the two groups surveyed.	16
Early association of university	33
Nursing and hospital	16
Establishment of the College	34
College of Nursing	16
Aim of the College of Nursing.	17
IV. ANALYSIS of a cooperative relationship	18
Summary of the chapter	19
III. THE RESEARCH PROCEDURE	21
The study of opinions	21
The semantic differential	24
Construction of the checklist.	26
First step in construction	27
Second step in construction	27
Third step in construction	28
Fourth step in construction	28
The pretest	29
Plans for analysis	30

CHAPTER

PAGE

Trait complexes established	31
Calculation of nursing students'	45
and staff nurses' profiles	32
Calculation of the importance	46
of trait complexes	32
Description of the test population	33
Nursing students.	33
Staff nurses	34
Collection of Data	34
Summary of the chapter	35
IV. ANALYSIS AND INTERPRETATION	37
Profile of nursing students	38
Integrity of nursing students	40
Technical skill of nursing students	40
Human relations skill of nursing	55
students	41
BIBLIOGRAPHY	51
APPENDIX	
Emotional and physical health of	61
nursing students.	41
Profile of staff nurses.	42
Integrity of staff nurses	44
Technical skill of staff nurses	44

CHAPTER

PAGE

Human relations skill of

staff nurses. 45

TABLE

Emotional and physical health

I. Composite Profiles of Nursing Students . . . 39

II. Composite Profiles of Staff Nurses . . . 46

III. Relative importance of the trait

complexes 46

IV. Nursing students' opinion of
importance 48

V. Staff nurses' opinion of importance . . . 48

Summary of interpretations 49

V. SUMMARY, CONCLUSIONS AND

RECOMMENDATIONS 52

VII. Summary 52

VIII. Conclusions 55

IX. Recommendations for further study . . . 55

BIBLIOGRAPHY 57

APPENDIX 61

LIST OF TABLES

TABLE	INTRODUCTION	PAGE
I.	Composite Profile of Nursing Students . .	39
II.	Composite Profile of Staff Nurses	43
III.	Importance of Trait Complexes as Revealed by Indices of Each Group . .	47
IV.	Raw Scores Denoting Opinions Regarding Nursing Students	73
V.	Raw Scores Denoting Opinions Regarding Staff Nurses	75
VI.	Raw Scores Denoting Opinions Regarding Importance of the Traits	77
VII.	Profile of Nursing Students	79
VIII.	Profile of Staff Nurses	81
IX.	Importance of Trait Complexes	83

¹C. O. Sylvester Mawson (ed.), Roget's Pocket Thesaurus (New York: Pocket Books, Inc., 1957), p. 4. Interaction implies a double, reciprocal, interdependent relationship.

I. THE PROBLEM

Statement of the problem

CHAPTER I

INTRODUCTION

Recent trends in nursing education have been toward increased numbers of collegiate programs leading to the baccalaureate degree. As nursing students from collegiate programs were brought into cooperating agencies for learning experiences, it was foreseeable that conflicts might arise between the students' self concept and their concept of registered professional nurses with whom they interacted.¹ It seemed possible that registered professional nurses' self concept and their concept of nursing students might differ from those of the nursing students. The extent to which opinions, regarding themselves and each other, were similar would affect interaction of the two groups.

¹C. O. Sylvester Mawson (ed.), Roget's Pocket Thesaurus (New York: Pocket Books, Inc., 1957), p. 4. Interaction implies a double, reciprocal, interdependent relationship.

I. THE PROBLEM

Statement of the problem

The problem was: (1) to collect opinions, concerning common traits, held by a selected group of nursing students and staff nurses interacting within a cooperating agency; and (2) to examine the revealed opinions for similarities and differences which might affect the interaction of the two groups.

The purpose

The purpose was: (1) to classify the opinions regarding the various traits into four trait complexes² as follows: integrity, technical skill, human relations skill, and emotional and physical health; (2) to examine the responses in relation to the degree that the two groups felt the traits were present in themselves and in the opposite group and develop a profile for nursing students and

²Philip L. Harriman, Handbook of Psychological Terms (Paterson, N. J.: Littlefield, Adams and Co., 1959), p. 195. "trait complex: in cultural anthropology, a related group of characteristics, modes of behavior, or systems of beliefs which prevail within a group."

Opinions change with time and conditions and would not necessarily be true for similar groups at other

staff nurses; and (3) to draw conclusions with regard to the self-esteem of each group and their concept of each other. In order that held opinions might be elicited, no

attempt was made to identify a respondent. By insuring Assumptions

complete anonymity no attempt could be made to evaluate the opinions revealed in respect to the respondent's educational preparation or experiences in nursing. This study was based on the assumptions that:

(1) opinions were held by members of each of the two groups regarding common traits and would be expressed through the use of an opinion checklist; and (2) check marks on each continuum used in the checklist actually represented first feeling reactions or held opinions.

Scope and limitations 1958. 3 The director stated:

The study was limited to collection and examination of opinions revealed by two groups of persons interacting within one cooperating agency. The two groups were: (1) registered professional nurses employed either full or part time in staff positions on hospital units at the agency for a period of at least six months prior to the time the survey was conducted; and (2) students from the preservice professional nursing program at the university, receiving clinical instruction at the agency during the Spring semester of 1958-59.

Opinions change with time and conditions and would not necessarily be true for similar groups at other

cooperating facilities used by the college of nursing. he
 Conclusions reached would not necessarily be permanent.
 In order that held opinions might be elicited, no
 attempt was made to identify a respondent. By insuring
 complete anonymity no attempt could be made to evaluate
 the opinions revealed in respect to the respondent's edu-
 cational preparation or experiences in nursing.

II. NEED FOR THE STUDY

A need for a future appraisal of the preservice pro-
 gram in professional nursing was noted by the director of
 the program in August, 1955.³ The director stated:

It is important that assessment of problems and
 needs in any situation be continuous. While pro-
 grams of preservice education have been and are
 being established and altered to meet the needs
 of our industrial society, There is often a
 lack of technics and procedures for enlisting the
 participation of those concerned, The
 public in general, and the student of nursing in
 particular have had little opportunity to share in
 those aspects which concern them directly and
 intimately.⁴

³Amelia Leino, "The University of Wyoming Nursing Program"
 (unpublished doctoral dissertation, Teachers College, Columbia University,
 New York, 1955).

⁴Ibid. p. 212. Arthur Cohen, and Ezra Stotland, Role Relations in the
 Mental Health Professions (Ann Arbor: University of Michigan, 1957), pp.155-157.

⁷Ibid. p. 156.

No formal study involving students enrolled in the program from which nursing student respondents were selected had been attempted. One study involving graduates of the program had been completed.⁵ Twenty-three students who had completed the program and had been licensed to practice nursing were asked to complete a questionnaire. The purpose was to evaluate the effectiveness of their preservice program in professional nursing.

III. THE METHOD EMPLOYED

The fullest advantages of education for the nursing student and of satisfaction for the staff nurse in caring for the patient within the hospital unit were dependent, at least in part, on the concepts the two groups held regarding each other. It has been suggested that the degree of self-esteem a person possesses is an integral part of interaction.⁶ A person with low self-esteem is usually more anxious and troubled when working closely with one he feels may have some control over his fate.⁷

----- from one extreme of a trait in question to the other.

⁵ Barbara Goetz, "An Evaluation of the Effectiveness of the Wyoming Nursing Program" (unpublished Master's thesis, the University of Colorado, Boulder, Colorado, 1956).

⁶ Alvin Zander, Arthur Cohen, and Ezra Stotland, Role Relations in the Mental Health Professions (Ann Arbor: University of Michigan, 1957), pp. 155-157.

⁷ Ibid. p. 156.

Charles E. Osgood, "The Nature and Measurement of Meaning," Psychological Bulletin 49:197-237, 1952.

The extent to which nursing students and staff nurses felt that they possessed traits indicating integrity, technical skill, human relations skill, and emotional and physical health and the extent to which their opinions were similar would provide a basis for conclusions regarding their interaction.

III. THE METHOD EMPLOYED

A social survey was the methodology employed in this study. An opinion checklist⁸ was developed to collect the opinions of nursing students and staff nurses for the purpose of determining how they perceived themselves and each other and how they regarded the relative importance of the trait complexes as they affected interaction. Osgood's⁹ semantic differential was used in developing the tool. The tool was a graphic rating scale in which the respondent indicated his opinion by placing a check at the appropriate point on a continuum which extended from one extreme of a trait in question to the other. The respondent was also asked to rate the importance

⁸See Appendix A.

⁹Charles E. Osgood, "The Nature and Measurement of Meaning," Psychological Bulletin 49:197-237, 1952.

of the trait on a five-point continuum ranging from most to least important.

IV. PREVIEW OF THE THESIS

Social forces have affected the development of opinions toward nursing and nursing education processes. A review of social forces influencing early concepts of nursing, opinions affecting nursing in the United States, and factors influencing opinions of the two groups surveyed are reviewed in Chapter II. The procedure for data collection, construction of the tool, plans for tabulation and analysis, establishment of trait complexes, and a description of the test population may be found in Chapter III. Chapter IV contains the analysis and interpretation of opinions revealed by the two groups. Finally, a brief summary of the study, conclusions, and recommendations for further investigation complete Chapter V.

Innumerable books have been written reviewing nursing history. Nursing heritage is included in the curriculum of most schools or colleges of nursing. This review was confined to a few of the social factors

¹Pauline Vislick Young, Scientific Social Surveys and Research (New York: Prentice-Hall, Inc., 1949), p. 199.

9

affecting nursing. Factors affecting the development of the program from which the nursing students came are also discussed.

CHAPTER II

I. FACTORS INFLUENCING A REVIEW OF SOCIAL FACTORS AFFECTING OPINIONS

The spiritual aspect of nursing and the elevation of its position in society probably began with the coming of Christ. With the teachings of Christ came the emphasis on responsibility for recognizing the worth of each human being and the necessity for understanding his needs.² It was the purpose of this review to examine some of the social factors influencing opinions relating to nursing. By so doing a better understanding of the development of opinions toward nursing and nursing education processes evolved.

Influence Opinions are never abstract. They are a manifestation of a sociological context. Young suggests that in social research one can trace historical development for the purpose of reconstructing social processes which link the past and present.¹ An understanding of the effect of social forces which influence the present can be developed.

Innumerable books have been written reviewing nursing history. Nursing heritage is included in the curriculum of most schools or colleges of nursing. This review was confined to a few of the social factors

¹Pauline Vislick Young, Scientific Social Surveys and Research (New York: Prentice-Hall, Inc., 1949), p. 190.

affecting nursing. Factors affecting the development of the program from which the nursing students came are also discussed.

Influence of the military

I. FACTORS INFLUENCING

EARLY CONCEPTS OF NURSING

The spiritual aspect of nursing and the elevation of its position in society probably began with the coming of Christ. With the teachings of Christ came the emphasis on responsibility for recognizing the worth of each human being and the necessity for understanding his needs.²

Influence of the Sisterhoods

The growth of Christian churches and their emphasis on aiding individuals in need resulted in the development of Sisterhoods. One of the prime purposes of the Sisterhoods was the care of the sick. Eventually schools were established, both by Catholic and Protestant religious orders, for the education of those who were to assume the care of the sick. It was probably the religious devotion of the Sisters who spent their lives caring for others that led people to form the concept of a nurse as a person

²Josephine A. Dolan (ed.), Goodnow's History of Nursing (Philadelphia: W. B. Saunders Company, 1958), p. 95.

who, without any thought of hours spent, money earned, or personal pleasures,⁵ was devoted to serving humanity.³

Influence of the military

The monastic movements, the Holy Wars, and wars to the present day had their effect on preparation of nurses and care of the sick.⁴ The rigid discipline of the military and the autocratic manners which developed can still be found in the authoritarian administration of some hospitals and agencies for nursing education.

The belief in democratic principles which Christ taught and upon which our country was founded and the belief in the worth of every person, whether he be patient, student, or employee, is held by some staff nurses and nursing students. Others who were taught under the more authoritarian approach to interaction believe that rigidly disciplined behavior is more effective. People using the democratic approach could find it difficult to interact with those exercising autocratic behavior. The problem of implementing concepts of democratic discipline has been identified as being "one of reconciling the old rule

³Minnie Goodnow, Nursing History (Philadelphia: W. B. Saunders Company, 1946), p. 43.

⁴Isabel Maitland Stewart, The Education of Nurses (New York: The Macmillan Company, 1950), pp. 6-17.

of fear with the modern trend toward consideration for human sentiments."⁵ Lewin, Lippitt, and White in their study of behavior in three experimentally created social climates, authoritarian, democratic, and laissez faire, found that hostility was thirty times as frequent in the autocratic as in the democratic group.⁶

Influence of early education for women

A period of great intellectual and social awakening occurred from the thirteenth through the sixteenth century. Women were not allowed to participate to any great extent in this intellectual awakening. The opinion that "the feminine mind was inherently inferior and therefore incapable of grasping more than the rudiments of learning"⁷ prevailed during this period. The care of the sick had been left to women, but women could not be prepared to do it intelligently. Women, deprived of educational opportunities, had little hope of elevating the status of nursing.

⁵John M. Pfiffner, The Supervision of Personnel: Human Relations in the Management of Men (New York: Prentice-Hall, Inc., 1955), p. 348.

⁶Kurt A. Lewin, R. Lippitt, and R. K. White, "Patterns of Aggressive Behavior in Experimentally Created 'Social Climates'," Journal of Social Psychology, 10:271-299, 1939.

⁷Stewart, p. 31.

Influence of Nightingale on nursing education.¹⁰ Staff,

Florence Nightingale's accomplishments during the Crimean War, from 1854 to 1856, led to a recognition of what women, properly trained, could do to aid in the care of the sick. People became more willing to accept the nurse as having a rightful place in society. For the first time women from families of position were allowed to enter nursing. World communications were improved during this time and more people were made aware of Nightingale's concepts of the proper preparation required for nursing practitioners.⁸

II. OPINIONS AFFECTING NURSING

IN THE UNITED STATES

Nightingale's concept of nursing education separate from the authority of hospital, lay, or medical control was rapidly lost in the United States. Almost all of the early schools of nursing in this country were under the control of hospitals.⁹ Students earned their education through service to the hospital. Roberts noted that no other profession had been conceived on the assumption

⁸Goodnow, pp. 73-108.

⁹Ibid. p. 316.

that service could be exchanged for education.¹⁰ Staff, or general duty, nurses were virtually non-existent in hospitals in this country before the depression.¹¹ awareness of nursing needs by proposing the following resolution:
Sound financial control urged

Resolution XI. Education of Nurses. WHEREAS, In the early twentieth century, Fenwick,¹² The Goldmark Report,¹³ and Nutting,¹⁴ to name a few of the prepared nurses, and writings, urged that nursing education be placed in institutions of higher learning. This opinion, while popular on apprenticeship training, with leaders in the nursing profession, was slow to be implemented. BE IT RESOLVED: That institutions of higher learning recognize their responsibilities for establishing programs providing for the professional and technical education of nurses.¹⁶

Nursing education accepted in colleges

Need It was not until 1951 that institutions of higher education were ready to formally express a willingness to regarding nursing's worth was noted by Brown:

¹⁰Mary Roberts, American Nursing: History and Interpretation (New York: The Macmillan Company, 1954), p. 61.

¹¹Roberts, p. 286. "There were 4,000 staff nurses in 1929, 28,000 in 1937, and 100,000 in 1941."

¹²Bedford Fenwick, "A Plea for Higher Education for Trained Nurses," American Journal of Nursing, 2:4-8, 1902.

¹³Josephine Goldmark, Nursing and Nursing Education in the United States (New York: The Macmillan Company, 1923).

¹⁴Mary Adelaide Nutting, A Sound Economic Basis for Schools of Nursing (New York: G. P. Putnam's Sons, 1926).

accept their role in the education of nurses.¹⁵ The resolution adopted by the Department of Higher Education of the National Education Association revealed their awareness of nursing needs by proposing the following resolution:

Resolution XI. Education of Nurses. WHEREAS, health needs of civilian population and military personnel are making increasing demands for the services of professionally and technically prepared nurses, and

WHEREAS, education for nursing is now predominantly outside higher education, with emphasis on apprenticeship training,

BE IT RESOLVED: That institutions of higher learning recognize their responsibilities for establishing programs providing for the professional and technical education of nurses.¹⁶

Need for changing opinions

The importance of creating a climate of opinion regarding nursing's worth was noted by Brown:

Only when abiding conviction of social worth replaces lack of self-confidence, negativism, and carping comment, will that climate of opinion be created whereby nursing can move forward to greater selectivity of personnel and to a level

¹⁷ Ester Lactile Brown, Nursing for the Future (New York: The Russell Sage Foundation, 1948), p. 198.

¹⁵ Gladys Sellev and C.J. Nuesse, A History of Nursing (St. Louis: The C. V. Mosby Company, 1951), p. 296. While universities had offered some courses to nursing students at the request of hospital schools of nursing, the modern university schools were not developed until after World War I.

¹⁶ Department of Higher Education, National Education Association, "Resolution XI. Education of Nurses," College and University Bulletin, 3:2, 1951.

of nursing care that bespeaks growth and development of the nurse herself and more and better health service for society.¹⁷

As more collegiate programs for nursing education were established it was noted that: "Changes in the educational system were found to be of a controversial nature. It was not always possible for a nurse to accept the relatively easy and pleasant life that student nurses lead today . . ."¹⁸ Lentz noted further that when young college graduates were placed under the supervision of nurses who had completed the usual three-year diploma program they did not have the difficulty one might have expected. She attributed this finding to the fact that:

Evidently the leaders of the professional programs in these schools had had the necessary insight into the situation to prepare their students to take advantage of the experience of the older nurses and to learn from them.¹⁹

The legislature of this state was one of the first to "lead the way in providing appropriations for new nursing programs in their respective state universities."²¹

¹⁷Ester Lucile Brown, Nursing for the Future (New York: The Russell Sage Foundation, 1948), p. 198.

¹⁸Edith Lentz, "Findings About Nurses," The Yearbook of Modern Nursing (New York: G. P. Putnam's Sons, 1956), p. 165.

¹⁹Ibid.

²¹Roberts, p. 535.

III. LOCAL FACTORS INFLUENCING OPINIONS OF THE TWO GROUPS SURVEYED

It was expected that the association between the university and the cooperating agency participating in the study would affect the climate of opinion existing between the two groups. A report of this association follows:

Early association of university and hospital

The association between the university and the cooperating agency, from which the population surveyed came, began in 1918. The university affiliated with the education of nursing students from the cooperating agency until the agency disbanded their school of nursing in 1932.

Establishment of the College of Nursing

The legislature of this state was one of the first to "lead the way in providing appropriations for new nursing programs in their respective state universities."²¹

²⁰ "Minute Book Two, Iverson Memorial Hospital" (Laramie: November 22, 1922 to October 5, 1933) (Handwritten), p. 136.

²¹ ²⁴ *Ibid.* p. 7.
Roberts, p. 525.

There had been no school of nursing in the state since 1949. The School of Nursing, under the direction of the College of Liberal Arts, was established during the academic year, 1951-1952. Details of the development, philosophy, and purposes of the program were reported in 1955.²² The College of Nursing became a separate academic unit within the university in 1957.

Aim of the College of Nursing

The aim of the College of Nursing was to provide a program which prepared graduates to practice according to the highest standards of professional nursing.²³ The responsibility of the educational program was delegated to the university. "Students' assignments to nursing practice are selected upon the basis of educational needs and objectives. The association between the two facilities had been 'by-product' of students' nursing practice accrues as one of mutual respect for more than forty years. Nursing nursing services to the cooperating agencies."²⁴

²²Amelia Leino, "The University of Wyoming Nursing Program" Unpublished Report of a Type A Doctoral Project, Teachers College Columbia University, New York, 1955).

²³Amelia Leino, "Annual Report of the College of Nursing, University of Wyoming July 1, 1958-June 30, 1959" (Laramie: The College of Nursing, 1959) (Mimeographed.) p. 2.

²⁴Ibid. p. 7.

²⁵Board of Trustees, Ivins Memorial Hospital. "Nursing Service Budget: 1958-1959." Laramie, April 1, 1958. (Typewritten.)

A cooperative relationship

A cooperative relationship for providing nursing education was established between the university and the cooperating agency in April, 1952. The agreement drawn up between the two agencies clearly stated the specific obligations and responsibilities of the educational institution and the service agency.²⁵ The agreement stipulated that the administration and financing of nursing services should be the responsibility of the hospital. The nursing service budget provided for twenty-four hour nursing care of the patient exclusive of nursing students.²⁶ The responsibility of the educational program was delegated to the university.

The association between the two facilities had been one of mutual respect for more than forty years. Nursing students and staff nurses had been interacting in the cooperating agency for a period of six years when this survey was conducted. The role of each agency in the

²⁵ Milward L. Simpson, President, Board of Trustees, University of Wyoming, and J.R. Sullivan, President, Board of Trustees, Iverson Memorial Hospital. "Agreement Between the University of Wyoming and Iverson Memorial Hospital." Laramie, April 3, 1952. (Typewritten.)

²⁶ Board of Trustees, Iverson Memorial Hospital. "Nursing Service Budget: 1958-1959." Laramie, April 1, 1958. (Typewritten.)

²⁷ See page 14.

educational process of the student and care of the patient had been clearly defined. It seemed that a climate of opinion toward nursing education and nursing service such as that suggested by Brown²⁷ might have been established between these two agencies.

for survey interacted had existed for forty years and suggested a climate of opinions favoring satisfactory inter-

IV. SUMMARY OF THE CHAPTER

The spiritual aspect of Nursing with emphasis on the responsibility for recognizing the worth of each human being and the necessity for understanding his needs began with the coming of Christ. The concept of democratic discipline was seen as an outgrowth of the Christian heritage. Authoritarian approach to interaction was attributed to the influence of the rigid discipline of the military. Lack of educational opportunities for women prevented elevation of the status of nursing for several centuries. Nightingale, through her work during the Crimean War, did much to increase the status of nursing in society, but lack of sound financing for schools of nursing in the United States slowed implementation of her concepts in this country. The climate of opinion regarding nursing's worth was found to be

²⁷See page 14.

important, and the fact that the trend toward more collegiate programs for nursing education was not without controversy was noted.

The association between the university and hospital agency where the nursing students and staff nurses chosen for survey interacted had existed for forty years and suggested a climate of opinions favoring satisfactory interaction between the two groups.

The study of opinions and the scaling procedure using an adaptation of the semantic differential will be discussed in Chapter III. The construction of the opinion checklist will be reviewed. Plans for analysis will be outlined. The population will be described, and the procedure used for collection of data will be explained. The semantic differential will be discussed, and the methods used for collecting and analyzing data will be explained.

1. THE STUDY OF OPINIONS

Few problems in sociology have commanded more attention than the study of opinions or attitudes.¹

¹Pauline Vialick Young, Scientific Social Surveys and Research (New York: Prentice-Hall, Inc., 1949), p. 351.

Opinions, as a concept in sociology, possess no unanimity of meaning and definitions lack clarity.² Opinion was defined for this study as a predisposition to experience,

CHAPTER III

THE RESEARCH PROCEDURE

For the purpose of collecting the opinions concerning common traits held by the two groups selected, a social survey was conducted. The tool constructed was an opinion checklist which permitted respondents to indicate their opinions by placing a check mark on the point on each continuum which represented their first feeling reaction to the concept being measured. In this chapter, the study of opinions will be reviewed, the semantic differential will be discussed, and the methods used for collecting and analyzing data will be explained.

I. THE STUDY OF OPINIONS

Few problems in sociology have commanded more attention than the study of opinions or attitudes.¹

¹Pauline Vislick Young, Scientific Social Surveys and Research (New York: Prentice-Hall, Inc., 1949), p. 351.

Opinions, as a concept in sociology, possess no unanimity of meaning and definitions lack clarity.² Opinion was defined for this study as a predisposition to experience, to be motivated by, and act toward, a group in a predictable manner. Opinion, attitude, and sentiment were considered synonymous.³ Opinions were considered to be of two types. One, a held opinion, was thought of as that idea, concept, or belief which a person kept as his own. The second, an expressed opinion, was thought of as that idea, concept, or belief, which a person, after compromising between reality demands, social demands, and psychological demands, would disclose publicly.⁴ In collecting opinions, or attitudes, the opinions expressed by an individual himself are usually accepted.⁵

²Ibid.

³Mahlon B. Brewster Smith, Jerome S. Bruner, and Robert W. White, Opinions and Personality (New York: John Wiley and Sons, Inc., 1956), p. 33.

⁴Ibid. by S. Borgardus, Introduction to Social Research (New York: Suttonhouse Ltd., 1936), p. 96.

⁵Arvil Barr, Robert Davis, and Palmer Johnson, Educational Research and Appraisal (New York: J. B. Lippincott, 1953), p. 38.

For the purpose of obtaining held opinions, individuals surveyed were asked to give their first feeling reactions. Borgardus'⁶ definition of an attitude was similar to the definition used for held opinion in this report. Borgardus suggested that first feeling reactions to questions revealed attitudes, or held opinions, when he wrote:

"By asking persons to give their first feeling reactions to a number of questions it is thought that they will disclose attitudes. When allowed time to think one is likely to rationalize and to express opinions, but without such a time allowance their attitudes tend to come to the fore."⁷

It was not feasible, in a study of this scope, to retest respondents to insure statistical reliability. Further, insured anonymity precluded any such attempt. It was also recognized that opinions would change with time and conditions.

⁸ Claire Sellitiz and others, Research Methods in Social Relations (New York: Henry Holt and Company, Inc., 1959), p. 436.

⁶ Emory S. Borgardus, Introduction to Social Research (New York: The Suttonhouse Ltd., 1936), p. 96.

⁷ Ibid., p. 380.

The semantic differential

A graphic rating scale was used in developing the opinion checklist used as the tool to carry out this descriptive survey. A graphic rating scale is one in which the respondent indicates his response by placing a check at the appropriate point on a continuum which extends from one extreme of a trait in question to the other. "One of the major advantages of graphic rating scales is that they are relatively easy to use."⁸

The graphic rating scale used in this study was an adaptation of the semantic differential developed by Osgood.⁹ Osgood's semantic differential has been thought of as an opinion scale.¹⁰ A subject is asked to rate a given concept (e.g., "me as I would like to be," "me as I am") on a series of seven-point bipolar rating scales. Usually, a person could not be expected to make

⁸Claire Sellitiz and others, Research Methods in Social Relations (New York: Henry Holt and Company, Inc., 1959), p. 436.

⁹Charles E. Osgood, George J. Suci, and Percy H. Tannenbaum, The Measurement of Meaning (Urbana: University of Illinois Press, 1957).

¹⁰Sellitiz, p. 380.

more than seven clear cut discriminations in dealing with such bipolar terms.¹¹ "Any concept--whether it is a political issue, a person, an institution, a work of art--can be rated."¹²

Osgood and his colleagues suggested that the semantic differential enabled diverse subjects to measure and compare various concepts. Further, they suggested that neither the concepts being measured nor the type of people using the scale grossly affected the tool. If this was true, the semantic differential provided a solution to many of the problems of opinion measurement.¹³

A version of the semantic differential was used to study the values climate of medical schools.¹⁴ The medical student was asked to rate an ideal physician in terms of characteristically being, for example, sociable
seven-step scale. Each of the two groups were asked to
differentiate four concepts: (1) nursing students as they

¹¹Barr, p. 109. ¹²Sellitiz, p. 380. ¹³Ibid., 382.

¹⁴Richard Christie and Robert K. Merton, "Procedures for the Sociological Study of the Values Climate of Medical Schools," (New York: Columbia University, Bureau of Applied Social Research, (n. d.) (Reprinted from: The Ecology of the Medical Student, a report of the Fifth Teaching Institute. Copyright, 1958, Association of American Medical Colleges, Evanston, Illinois).

¹⁵Ibid., p. 129.

¹⁶See Appendix A.

¹⁷Osgood, Suci, and Tannenbaum, p. 20.

or unsociable. The researchers felt that such a study allowed them to infer that "students at this stage of their education tend to set store by this characteristic of the physician, for this is the way in which they tend to see ideal physicians."¹⁵

II. CONSTRUCTION OF THE CHECKLIST

The opinion checklist,¹⁶ constructed for use as the tool, employed the idea that first feeling reactions would elicit held opinions. The adaptation of the semantic differential, which is "essentially a combination of controlled association and scaling procedures,"¹⁷ provided the two groups surveyed with concepts to be differentiated and a set of bipolar adjectival scales against which to indicate for each set the direction of intensity on a seven-step scale. Each of the two groups were asked to differentiate four concepts: (1) nursing students as they saw them; (2) staff nurses as they saw them; (3) nursing students as they thought students saw themselves; and (4) staff nurses as they thought staff nurses saw themselves.

¹⁵Ibid., p. 129.

¹⁶See Appendix A.

¹⁷Osgood, Suci, and Tannenbaum, p. 20.

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First step in construction

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¹⁵Ibid., p. 129.

¹⁶See Appendix A.

¹⁷Osgood, Suci, and Tannenbaum, p. 20.

Third The importance of the adjective as it related to effective interaction between the two groups was also rated by respondents on a five-point scale ranging from most important to least important.

First step in construction

Forty adjectives, or traits,¹⁸ which students of nursing or professional nurses might be expected to possess, were arbitrarily listed and placed into four categories by the researcher. Members of the faculty of a college of nursing and a nursing service administrative staff reviewed the forty traits listed and believed them to be applicable to both students of nursing and staff nurses.

Second step in construction

The forty traits were placed on bipolar seven-point scales. Zero, in the center of the scale, represented a neutral point on the continuum. Number three on the left indicated that the group rated possessed a high degree of the trait. Number three on the right indicated that the group rated possessed little or none of the trait.

¹⁸The traits as they were listed may be found on the last three pages of the Opinion Checklist, Appendix A.

Third step in construction

The forty traits were listed on five-point continua ranging from most important to least important to determine the relative importance of each trait to effective interaction between the two groups surveyed.

Fourth step in construction

Instructions were prepared¹⁹ for the respondents to use in checking the lists. Respondents were instructed to check the traits for both nursing students and staff nurses: (1) as they saw each group; (2) as they felt each group saw themselves; and (3) to rate the importance of each trait. The respondents were urged to consider each group as a whole rather than to think of any individual within the group that they might know very well. They were asked to give their first feeling reactions and to proceed through the checklist without delay. They were to identify themselves as a "student of nursing" or "staff nurse" by placing a check mark on the appropriate line.

The scales provided the reader with a graphic picture of what she was being asked to do. Respondents

¹⁹Instructions, as they appeared on the checklist, may be found on the first page of the Checklist, Appendix A.

could express held opinions regarding their concept of nursing students and staff nurses and the relative importance of the traits listed.

The pretest

III. PLANS FOR ANALYSIS

For the purpose of detecting faulty construction of the tool or improper instructions to the respondent, a tentative checklist was submitted to a group of ten students of a preservice professional nursing program and a group of ten staff nurses interacting in a situation similar to that of the final test population. The pretest population was selected by a member of the college faculty and a member of the nursing service administration at the participating agencies. Checklists for the pretest and a covering letter explaining the purpose of the study were distributed to the two groups selected. No personal contact was made with the pretest groups. All checklists were returned. Two respondents failed to designate whether they were a "student of nursing" or "staff nurse" and one checked traits for only one group.

Examination of the pretest revealed that written instructions were not sufficient and the decision was made to meet with the final test population personally to reinforce the need to check the group to which one belonged.

and to check bipolar traits for both groups. The administration of the cooperating agencies granted permission to meet with the test groups.

Trait complexes III. PLANS FOR ANALYSIS

To simplify reporting, thirty-three traits²³ were grouped into four trait complexes. The trait was placed of the five opinions²⁰ revealed by each of the two groups. in a complex when it was believed that the trait was contributory to the complex. The trait complexes were: (2) a profile of staff nurses; and (3) the relative importance of trait complexes to effective interaction. integrity, technical skill, human relations skill, and emotional and physical health.

The scales used in this study presupposed continuous Traits were grouped in the four complexes as follows: integrity included truthful, trustworthy, honest, possible.²¹ An index²² number was computed and used ethical, judicious, and loyal; technical skill included accurate, alert, awareness, careful, competent, intelligent, oriented, skilled, and resourceful; human relations skill included willing, cooperative, considerate,

²⁰The five opinions were: opinion of themselves; opinion of the opposite group; opinion of how their own group tended to see themselves; the opinion of how the opposite group tended to see themselves; and opinion of the importance of the traits; and emotional and physical

²¹Sellitiz, p. 410. health included sure, stable, flexible, calm, healthy,

²²Hubert M. Blalock, Social Statistics (New York: McGraw-Hill Book Company, Inc., 1960), p. 10. "index usually implies that the procedure used gives only an imperfect indicator"

²³The traits: enthusiastic, satisfied, liked, interested (which appeared twice), professional, and happy were not included in the analysis.

to examine the data. The number of responses on any one point on a continuum were tabulated into a frequency distribution.

The index was the measurement of the respondents' opinions regarding the degree each group felt the Trait complexes established

To simplify reporting, thirty-three traits²³ were grouped into four trait complexes. The trait was placed in a complex when it was believed that the trait was contributory to the complex. The trait complexes were: integrity, technical skill, human relations skill, and emotional and physical health.

Traits were grouped in the four complexes as follows: integrity included truthful, trustworthy, honest, ethical, judicious, and loyal; technical skill included accurate, alert, awareness, careful, competent, intelligent, oriented, skilled, and resourceful; human relations skill included willing, cooperative, considerate, courteous, respectful, friendly, kind, tolerant, tactful, democratic, and outgoing; and emotional and physical health included mature, stable, flexible, calm, healthy, poised, and attractive.

Calculation of the importance of trait complexes

²³The traits: enthusiastic, satisfied, liked, interested (which appeared twice), professional, and happy were not included in the analysis.

Calculation of nursing students' and staff nurses' profiles

An index was computed for each seven-point continuum. The index was the measurement of the respondents' opinions regarding the degree each group felt the traits were present in themselves and in the opposite group. Four concepts were involved: the group as they saw themselves and were seen by the opposite group and the way their group and the opposite group saw them. The three points on the continuum to the left of zero were considered negative opinions. Each positive and negative opinion was multiplied by the appropriate frequency of respondents. The algebraic sum of the plus and minus values was then found and divided by the number of persons, in each of the two groups, who responded. This sum became a nursing student or staff nurse index for each trait in each of the four complexes. The indices in each complex were subsequently added together and divided by the number of traits in the complex. A complex index was thus determined for each of the four concepts regarding nursing students and staff nurses in each of the four complexes.

Calculation of the importance of trait complexes

To determine the relative importance of each of the four trait complexes, as they were regarded by the

respondents, a positive value was assigned to each of the opinions on the scale from four to zero. Each of the opinions was multiplied by its appropriate frequency of respondents. The sum of these scores was then divided by the number of persons, in each of the two groups, responding. A nursing student index and a staff index was computed for each of the thirty-three traits. Nursing students' and staff nurses' indices, for each of the complexes, were added together and divided by the total number of traits in each complex. A complex index for each group was determined. The relative importance of the complexes was revealed.

IV. DESCRIPTION OF THE TEST POPULATION

Nursing students received clinical instruction in all hospital areas. Each staff nurse surveyed had the occasion to interact with them.

Nursing students

The thirty-nine students of the preservice professional nursing program included freshman, sophomore, and senior students enrolled in the collegiate nursing program during the Spring semester of 1958-1959. This was the total population of nursing students receiving

²⁴For the cover letter, see Appendix E.

clinical instruction at the cooperating agency during that semester. Junior students of the program were not on campus during that time. The students came from representative regions of the United States and ranged in age from nineteen to fifty-five years.

Staff nurses

The total population of thirty-one staff nurses surveyed and staff nurses were verbally requested to employed either full or part time for a period of at least six months prior to the study were surveyed. Four of the staff nurses surveyed had baccalaureate degrees. The remaining staff nurses were graduates of diploma schools of nursing.

VI. SUMMARY OF THE CHAPTER

V. COLLECTION OF DATA

The methodology employed was a social survey. An opinion checklist was constructed, pretested, and used as the tool for collecting the opinions of nursing students and staff nurses selected for survey. A cover letter²⁴ explaining the purpose of the survey, and a return envelope, were also given to each individual. An opportunity was given which respondents could indicate their opinions regarding to the members of each group to check the instructions themselves and each other. A second graphic rating scale was constructed to allow respondents to indicate traits for both students and staff nurses and to note their opinion of the importance of each trait to effective

²⁴For the cover letter, see Appendix B.

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²⁴For the cover letter, see Appendix B.

whether they were a "student of nursing" or "staff nurse." The checklists were left with the individuals, to be completed within two weeks, and were returned by mail.

Two weeks following distribution of the checklists, thirty-one of the thirty-nine students and twenty-six of the thirty-one staff nurses had returned the checklists. Follow-up post cards were sent to each of the students surveyed and staff nurses were verbally requested to complete and return their checklists within a week. A total of thirty-four students, approximately 87 per cent, returned the checklists. A total of twenty-eight staff nurses, approximately 90 per cent, responded.

VI. SUMMARY OF THE CHAPTER

The methodology employed was a social survey. An opinion checklist was constructed, pretested, and used as the tool for collecting the opinions of nursing students and staff nurses selected for survey. Osgood's semantic differential was used in developing bipolar scales on which respondents could indicate their opinions regarding themselves and each other. A second graphic rating scale was constructed to allow respondents to indicate their opinion of the importance of each trait to effective interaction. The traits were categorized into four trait

complexes: integrity, technical skill, human relations skill, and emotional and physical health. The method for calculating complex indices for opinions revealed was determined.

CHAPTER IV

Thirty-nine students of nursing and thirty-one staff nurses were surveyed. A combined total of sixty-two of the seventy persons surveyed returned the opinion check-list. An analysis of the opinions revealed and an interpretation of the findings are reported in Chapter IV. Table IV relates to opinions of each group regarding conceptual¹ of nursing students. Table V relates to opinions of each group regarding concepts of staff nurses. Table VI relates to the opinions of each group regarding the importance of each trait.

Subsequent calculations of indices for the trait complexes, using the method outlined in Chapter III² were made. Tables VII, VIII, and IX, Appendix F, G, and H, show these indices. Table VII presents the

¹The concepts were: the group as they saw themselves and were seen by the opposite group and the way respondents felt the group would tend to see themselves.

²See pages 32 and 33.

nursing students' profile. Table VIII presents the staff nurses' profile. Table IX presents the importance of the trait complexes as determined by each of the two groups.

CHAPTER IV

Analysis and Interpretation was limited to opinions regarding **ANALYSIS AND INTERPRETATION** staff.

nurses' integrity complex, technical skill complex, human relations skill complex, and emotional and physical health complex, and the opinions regarding the relative importance of the trait complexes to effective interaction. Original tabulation of the opinions into frequency distributions was done by I. B. M. calculation. Tables IV, V, and VI, Appendix C, D, and E, show these distributions. Table IV relates to opinions of each group

The analysis is presented as follows: first, the regarding concepts¹ of nursing students. Table V relates to opinions of each group regarding concepts of staff nurses, and last, the importance of each of the staff nurses. Table VI relates to the opinions of each trait complexes as the two groups felt they affected group regarding the importance of each trait.

Subsequent calculations of indices for the trait complexes, using the method outlined in Chapter III² were made. Tables VII, VIII, and IX, Appendix F, G, and H, show these indices. Table VII presents the

Complex indices were computed for nursing students for each of the concepts in each of the four trait

¹The concepts were: the group as they saw themselves and were seen by the opposite group and the way respondents felt the group would tend to see themselves.

²See pages 32 and 33. nursing students' integrity, technical skill, human relations skill, and emotional and physical health.

nursing students' profile. Table VIII presents the staff nurses' profile. Table IX presents the importance of the trait complexes as determined by each of the two groups.

Analysis and interpretation was limited to opinions regarding concepts of the nursing students' and staff nurses' integrity complex, technical skill complex, human relations skill complex, and emotional and physical health complex, and the opinions regarding the relative importance of the trait complexes to effective interaction.

The analysis is presented as follows: first, the profile of the nursing students, second, the profile of the staff nurses, and last, the importance of each of the trait complexes as the two groups felt they affected interaction.

I. PROFILE OF NURSING STUDENTS

Complex indices were computed for nursing students' and staff nurses' opinions regarding nursing students for each of the concepts in each of the four trait complexes. Table I shows the composite profile of nursing students' integrity, technical skill, human relations skill, and emotional and physical health.

Integrity of nursing students

It was the opinion of nursing students that their integrity index was 2.241. It was the staff nurses' opinion

TABLE I
COMPOSITE PROFILE OF NURSING STUDENTS

Concepts	Indices for integrity complex	Indices for technical skill complex	Indices for human relations skill complex	Indices for emotional and physical health complex
Nursing students' self concept	2.241	1.618	2.190	1.600
Staff nurses' concept of students	1.935	1.040	1.947	1.413
Students think students see themselves	2.274	1.552	2.187	1.714
Staff nurses think students see themselves	2.506	2.210	2.510	2.263

Technical skill of nursing students

It was the opinion of nursing students that their technical skill index was 1.618. It was the opinion of

staff nurses that the students' technical skill index was 2.210. It was the opinion of nursing students that their technical index of 1.552. Staff nurses thought

students saw themselves with a technical skill index of 2.210.

Nursing students' and staff nurses' opinions of students' technical skill was well above the neutral point.

Integrity of nursing students

It was the opinion of nursing students that their integrity index was 2.241. It was the staff nurses' opinion that students' integrity index was 1.935. Nursing students thought students saw themselves with an integrity index of 2.274. Staff nurses thought students saw themselves with an integrity index of 2.506.

While the staff nurses' index for students was not as high as the students', no great difference was seen. The students saw themselves similar to the way they believed students would tend to see themselves. Staff nurses did believe that students would rate themselves higher than they did, but the difference did not appear to be of any great significance.

Technical skill of nursing students

It was the opinion of nursing students that their technical skill index was 1.618. It was the opinion of staff nurses that the students' technical skill index was 1.040. Nursing students thought students saw themselves with a technical index of 1.552. Staff nurses thought students saw themselves with a technical skill index of 2.210.

Nursing students' and staff nurses' opinions of students' technical skill was well above the neutral point.

The greatest difference was seen between the staff nurses' concept of the students and the way in which they thought the students would see themselves. Staff nurses felt that students would rate themselves one point higher on the continuum for technical skill than staff nurses would.

Human relations skill of nursing students

It was the opinion of nursing students that their human relations skill index was 2.190. It was the opinion of staff nurses that the students' human relations skill index was 1.947. Nursing students thought that students saw themselves with a human relations skill index of 2.187. Staff nurses thought students saw themselves with a human relations index of 2.510.

The concepts of nursing students and staff nurses regarding students' human relations skill seemed to be quite similar. Staff nurses, again, felt that students would have a somewhat better opinion of themselves than the staff nurses held.

Emotional and physical health of nursing students

It was the opinion of nursing students that the students' emotional and physical health index was 1.600. It was the opinion of staff nurses that the students' emotional

and physical health index was 1.413. Nursing students thought students saw themselves with an emotional and physical health index of 1.714. Staff nurses thought students saw themselves with an emotional and physical health index of 2.263.

The concepts of nursing students and staff nurses regarding the students' emotional and physical health were lowest for the four complexes and appeared to be similar. It could be noted that while, in the staff nurses' opinion, students' health and attractiveness were above the two point on the continuum, the students' flexibility, maturity, and calmness were below one.³ Nursing students also saw themselves rating below one in calmness.

II. PROFILE OF STAFF NURSES

Complex indices were computed for nursing students' and staff nurses' opinions regarding staff nurses for each of the concepts in each of the four trait complexes.

Table II shows the composite profile of staff nurses' integrity, technical skill, human relations skill, and emotional and physical health.

³See Table VII, Appendix F.

Integrity of staff nurses

It was the opinion of staff nurses that their integrity index was 2.143. Nursing students' opinion of staff

nurses' integrity index was 2.073. Nursing students

thought staff nurses saw themselves with an integrity

TABLE II COMPOSITE PROFILE OF STAFF NURSES

Concepts	Indices for integrity complex	Indices for technical skill complex	Indices for human relations skill complex	Indices for emotional and physical health complex
Staff nurses' self concept	2.143	2.036	2.007	2.087
Nursing students' concept of staff nurses	2.073	1.915	1.201	2.050
Students think staff nurses see themselves	2.569	2.627	2.196	2.441
Staff nurses think staff nurses see themselves	2.518	2.480	2.424	2.383

Staff nurses saw themselves almost one point on the continuum more skilled than nursing students. While students saw staff nurses as being somewhat more skilled

Integrity of staff nurses

It was the opinion of staff nurses that their integrity index was 2.143. Nursing students' opinion of staff nurses' integrity index was 2.073. Nursing students thought staff nurses saw themselves with an integrity index of 2.569. Staff nurses thought staff nurses saw themselves with an integrity index of 2.518.

Human relations skill of staff nurses

There appeared to be little difference between the self concept of the staff nurses and students' concept of the staff nurses' integrity. Each group felt that staff nurses would see themselves somewhat similar to the way they saw them.

Technical skill of staff nurses

It was the opinion of staff nurses that their index for technical skill was 2.036. It was the opinion of nursing students that staff nurses' technical skill index was 1.915. Nursing students thought that staff nurses saw themselves with a technical skill index of 2.627. Staff nurses thought that staff nurses saw themselves with a technical skill index of 2.480. Staff nurses saw themselves almost one point on the continuum more skilled than nursing students. While students saw staff nurses as being somewhat more skilled

than they saw themselves, the difference between the staff nurses' self concept and the students' concept of the staff nurses' technical skill did not seem to be significant. The opinions of each group regarding the manner in which they felt staff nurses would see themselves seemed to be similar.

Human relations skill of staff nurses

It was the opinion of staff nurses that their index for human relations skill was 2.007. It was the nursing

The staff nurses' self concept regarding emotional students' opinion that staff nurses' index for human and physical health appeared to be quite similar to the relations skill was 1.201. Nursing students thought nursing students' concept of the staff nurses. The concept of the two groups regarding the manner in which they index of 2.196. Staff nurses thought that staff nurses felt staff nurses would see themselves appeared to be would see themselves with a human relations skill index similar. of 2.424.

III. The staff nurses' opinion of their human relations

skill was almost one point higher on the continuum than

To determine the relative importance of each trait the nursing students' concept of the staff nurses' human complex, as the respondents believed they related to relations skill. Students also felt that the staff nurses' effective interaction, complex indices were computed. human relations skill was less than the students'. The Table III shows the composite of the indices for the opinions of the two groups regarding the manner in which importance of the complexes as revealed by the opinions they thought staff nurses would see themselves did not of nursing students and staff nurses. appear to be greatly different.

Emotional and physical health of staff nurses

It was the opinion of staff nurses that their emotional and physical health index was 2.087. It was the nursing students' opinion that the staff nurses' emotional and physical health index was 2.050. Nursing students thought staff nurses saw themselves with an emotional and physical index of 2.441. Staff nurses thought staff nurses saw themselves with an emotional and physical health index of 2.383.

The staff nurses' self concept regarding emotional and physical health appeared to be quite similar to the nursing students' concept of the staff nurses. The concept of the two groups regarding the manner in which they felt staff nurses would see themselves appeared to be similar.

III. RELATIVE IMPORTANCE OF THE TRAIT COMPLEXES

To determine the relative importance of each trait complex, as the respondents believed they related to effective interaction, complex indices were computed. Table III shows the composite of the indices for the importance of the complexes as revealed by the opinions of nursing students and staff nurses.

Nursing students' opinion of importance

In the opinion of the nursing students, the importance of trait complexes as they affected interaction were:

TABLE III
IMPORTANCE OF THE TRAIT COMPLEXES AS REVEALED
BY INDICES OF EACH GROUP

Trait complex	Nursing students' index	Staff nurses' index
Human relations skill	3.436	3.459
Integrity	3.412	3.631
Technical skill	3.382	3.567
Emotional and physical health	2.728	3.122

of trait complexes as they affected interaction were:

first, integrity, with an index of 3.631; second, technical skill, with an index of 3.567; third, human relations skill, with an index of 3.459; and fourth, emotional and physical health, with an index of 3.122.

It appeared that staff nurses found human relations skill, integrity, technical skill, and emotional and physical health to be relatively high and of quite similar importance. Staff nurses did rate all complexes as being

Nursing students' opinion of importance

In the opinion of the nursing students, the importance of trait complexes as they affected interaction were: first, human relations skill, with an index of 3.436; second, integrity, with an index of 3.412; third, technical skill, with an index of 3.382; and fourth, emotional and physical health, with an index of 2.728.

It appeared that nursing students found human relations skill, integrity, and technical skill to be relatively high and of quite similar importance. Emotional and physical health was found to be of least importance, but was rated above 2.5 on the continuum.

Staff nurses' opinion of importance

In the opinion of the staff nurses, the importance of trait complexes as they affected interaction were: first, integrity, with an index of 3.631; second, technical skill, with an index of 3.567; third, human relations skill, with an index of 3.459; and fourth, emotional and physical health, with an index of 3.122.

It appeared that staff nurses found human relations skill, integrity, technical skill, and emotional and physical health to be relatively high and of quite similar importance. Staff nurses did rate all complexes as being

somewhat more important than did the nursing students. The differences in the indices for the three most important complexes did not seem great enough to warrant any particular stress being placed on any one of the three being most important. The two groups were in agreement that the trait complex, emotional and physical health, was least important.

IV. SUMMARY OF INTERPRETATIONS

It was the opinion of the respondents that all of the trait complexes were important above 2.5 on the five-point continuum. Both groups rated integrity, human relations, and technical skill above three on the continuum. Both the nursing students' and staff nurses' self concept seemed to be relatively high. No index was less than 1.6 on the seven-point continuum. The nursing students' self concept and the staff nurses' concept of the students appeared to be similar. The greatest difference noted was in the staff nurses' opinion of the students and the way in which they thought students would tend to see themselves. Staff nurses saw themselves almost one point on the continuum more technically skilled than they saw students.

Nursing students saw staff nurses possessing those traits comprising the human relations skill complex to a lesser degree than students possessed them and to almost one point on the continuum less than staff nurses thought they possessed them.

Some conflict might be expected to occur due to the difference between the staff nurses' concept of their human relations skill and the nursing students' concept of staff nurses' human relations skill. Also, staff nurses appeared to believe that nursing students would rate themselves much higher than the staff nurses rated them and, also, higher than the students actually rated themselves.

Nursing students rated themselves: first in integrity; second in human relations skill; third in technical skill; and fourth in emotional health. The staff nurses' rating of the nursing students was: first in human relations skill; second in integrity; third in emotional health; and fourth in technical skill.

Staff nurses rated themselves: first in integrity; second in emotional and physical health; third in technical skill; and fourth in human relations skill. Nursing students rated staff nurses: first in emotional and physical health; second in integrity; third in technical

skill; and fourth in human relations skill.

The final chapter includes a summary of the study, the conclusions reached, and recommendations for further

investigation.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The summary includes a statement of the problem, a brief explanation of the method used to obtain data and a presentation of the major findings. Conclusions which could be supported by data are drawn and recommendations based upon findings are made.

I. SUMMARY

As collegiate nursing students came to hospitals for learning experiences, it was foreseeable that a conflict of opinions might arise between nursing students and staff nurses as they interacted. The problem was to collect opinions regarding traits common to a selected group of nursing students and staff nurses and to examine similarities and differences of opinion between their concept of themselves, each other, and the importance of the traits as they affected interaction. It was believed that the fullest advantages of education for nursing students and work satisfaction for staff nurses were

dependent upon their self concept and their concept of each other.

In an effort to understand how the respondents'

opinions were formed, a review of social factors affect-

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

regarding nursing have been changing and these changes

The summary includes a statement of the problem, had produced some controversy. In the locale where the

a brief explanation of the method used to obtain data and study was conducted, the association between the uni-

a presentation of the major findings. Conclusions which versity and hospital had existed for over forty years.

could be supported by data are drawn and recommenda- it was suggested that a climate of opinion favoring satis-

tions based upon findings are made. factory interaction between collegiate students and staff

nurses could exist in this

I. SUMMARY

Two graphic rating scales were constructed. Opin-

As collegiate nursing students came to hospitals ions of thirty-four students and twenty-eight staff nurses for learning experiences, it was foreseeable that a con-

were measured. Thirty-three traits were classified under flict of opinions might arise between nursing students

four trait complexes. The four complexes established and staff nurses as they interacted. The problem was to

were: integrity, technical skill, human relations skill, collect opinions regarding traits common to a selected

and emotional and physical health. A trait was assigned group of nursing students and staff nurses and to examine

to the complex when it was believed that the trait was similarities and differences of opinion between their con-

contributory to the complex. A profile of nursing stu- cept of themselves, each other, and the importance of

students and staff nurses was developed by computing com- the traits as they affected interaction. It was believed

plex indices for the opinions revealed, on a seven-point bipolar scale, regarding the groups' concept of

that the fullest advantages of education for nursing students and work satisfaction for staff nurses were

themselves and each other and the way they thought

dependent upon their self concept and their concept of each other.

In an effort to understand how the respondents' opinions were formed, a review of social factors affecting opinions regarding nursing was conducted. Opinions regarding nursing have been changing and these changes had produced some controversy. In the locale where the study was conducted, the association between the university and hospital had existed for over forty years. It was suggested that a climate of opinion favoring satisfactory interaction between collegiate students and staff nurses could exist in this setting.

Two graphic rating scales were constructed. Opinions of thirty-four students and twenty-eight staff nurses were measured. Thirty-three traits were classified under four trait complexes. The four complexes established were: integrity, technical skill, human relations skill, and emotional and physical health. A trait was assigned to the complex when it was believed that the trait was contributory to the complex. A profile of nursing students and staff nurses was developed by computing complex indices for the opinions revealed, on a seven-point bipolar scale, regarding the groups' concept of themselves and each other and the way they thought

each group would tend to see themselves. Traits were arranged on a five-point scale and opinions regarding importance of the traits were revealed. Indices computed for each of the trait complexes determined their relative importance.

Analysis revealed that the nursing students' concept was relatively high. Students felt they rated highest, 2.241, in integrity and lowest, 1.600, in emotional and physical health. The staff nurses' concept of the students was lower than the students' self concept. Staff nurses rated students highest, 1.947, in human relations skill, and lowest, 1.040, in technical skill.

The staff nurses' self concept was also relatively high. Staff nurses felt they rated highest, 2.143, in integrity, and lowest, 2.007, in human relations skill. The nursing students' concept of the staff nurses was similar to the staff nurses' self concept with one notable exception. Students rated staff nurses lower, 1.201, in human relations skill.

Both nursing students and staff nurses felt that the four trait complexes were of quite similar importance to effective interaction. The lowest index regarding the importance of the trait complexes was the nursing students' index of 2.728 for the emotional and physical health complex.

II. CONCLUSIONS

The self-esteem of both the nursing students and staff nurses surveyed was relatively high. Their concept of each other was positive for all trait complexes. The self-esteem and apparent acceptance of each group's attributes suggested a basis for satisfactory interaction. One point of possible conflict was the students' lower opinion of staff nurses' human relations skill. Both groups agreed that the trait complexes were of similar and relatively high importance to effective interaction.

Further conclusions were not justified since the difference between indices did not appear to be significant. Conclusions would not necessarily be applicable to the same group at a later date nor to similar groups in comparable settings. Opinions do change with time and conditions.

III. RECOMMENDATIONS FOR FURTHER STUDY

Before attempting to use a tool similar to the one constructed for use in this study, it is suggested that the importance of the traits be predetermined by the groups selected and that the ten to twenty most important be selected for use on the bipolar scales. With less

data and more meaningful scales, weighted similarities and differences of opinion could be computed statistically and more reliable conclusions drawn.

It is suggested that further investigation be made to determine why both students of nursing and staff nurses saw staff nurses rating lowest in human relations skill.

A study employing an adaptation of the method used for this survey might be repeated in three to five years on a group of collegiate nursing students and staff nurses interacting in the agency cooperating in this survey to determine whether opinions collected remained similar to those revealed in this report.

Other groups interacting within the hospital situation such as: nurse aides and practical nurses, practical nurses and staff nurses, staff nurses and head nurses, or a group of nurses and physicians, might be surveyed. Significant differences of opinions between such groups could suggest possible conflicts in interaction.

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APPENDIX A

OPINION CHECKLIST

Below is a list of bi-polar terms which might be used to describe any person or group of people. The list is repeated; once for University of Wyoming students of nursing and once for Ivins Memorial Hospital staff nurses.

Please indicate by a single check mark for each pair of terms how you would rate University of Wyoming students of nursing and by another single check for each pair of terms on the appropriate list how you would rate Ivins Memorial Hospital staff nurses. The seven spaces between the paired terms are intended to provide a rough scale on which to estimate where on the continuum you think each of these considered as a group would be placed. In making your checks try to think in terms of the entire group rather than in terms of a few individuals whom you may know very well.

There is no right or wrong way to check these lists. In every instance give your first feeling reaction. Proceed through the terms without delaying. The more you "stop to think," the less valuable will be the results. In checking the terms: "0" represents a neutral point. Number "3" on the left would indicate that you believe the person to possess a high degree of the characteristic listed; number "3" on the right would indicate that you believe the person to possess a high degree of that characteristic. For example: in marking the first characteristic a check under number 3 on the left would indicate that you believe the group to be highly skilled; a check under number 3 on the right would indicate that you believe the group to possess little or no skill.

I am interested in collective opinions rather than individual opinions. There is no need to sign your name. It is important that you indicate in the spaces last below whether you are a student of nursing or a staff nurse. Please place a check in the appropriate space.

Staff nurse

Student of nursing

UNIVERSITY OF WYOMING
STUDENTS OF NURSING

IVINSON MEMORIAL HOSPITAL
STAFF NURSES

3 2 1 0 1 2 3

3 2 1 0 1 2 3

skilled

unskilled

skilled

unskilled

resourceful

unresourceful

resourceful

unresourceful

5
10

APPENDIX

OPINION CHECKLIST

Below is a list of bi-polar terms which might be used to describe any person or group of people. The list is repeated; once for University of Wyoming students of nursing and once for Ivinson Memorial Hospital staff nurses.

Please indicate by a single check mark for each pair of terms how you would rate University of Wyoming students of nursing and by another single check for each pair of terms on the appropriate list how you would rate Ivinson Memorial Hospital staff nurses. The seven spaces between the paired terms are intended to provide a rough scale on which to estimate where on the continuum you think each of these considered as a group should be placed. In making your checks try to think in terms of the entire group rather than in terms of a few individuals whom you may know very well.

There is no right or wrong way to check these lists. In every instance give your first feeling reaction. Proceed through the terms without delaying. The more you "stop to think," the less valuable will be the results. In checking the terms: "0" represents a neutral point. Number "3" on the left would indicate that you believe the person to possess a high degree of the characteristic listed; number "3" on the right would indicate that you believe the person to possess a high degree of that characteristic. For example: in marking the first characteristic a check under number 3 on the left would indicate that you believe the group to be highly skilled; a check under number 3 on the right would indicate that you believe the group to possess little or no skill.

I am interested in collective opinions rather than individual opinions. There is no need to sign your name. It is important that you indicate in the space just below whether you are a student of nursing or a staff nurse. Please place a check in the appropriate space.

Student of nursing _____.

Staff nurse _____.

UNIVERSITY OF WYOMING STUDENTS OF NURSING

3 2 1 0 1 2 3

skilled

resourceful

unskilled

unresourceful

skilled

resourceful

3 2 1 0 1 2 3

unskilled

unresourceful

IVINSON MEMORIAL HOSPITAL STAFF NURSES

UNIVERSITY OF WYOMING
STUDENTS OF NURSING

3 2 1 0 1 2 3

careful	---	---	---	---	---	---
accurate	---	---	---	---	---	---
awareness	---	---	---	---	---	---
intelligent	---	---	---	---	---	---
competent	---	---	---	---	---	---
alert	---	---	---	---	---	---
interested	---	---	---	---	---	---
considerate	---	---	---	---	---	---
courteous	---	---	---	---	---	---
honest	---	---	---	---	---	---
stable	---	---	---	---	---	---
mature	---	---	---	---	---	---
willing	---	---	---	---	---	---
respectful	---	---	---	---	---	---
trustworthy	---	---	---	---	---	---
poised	---	---	---	---	---	---
tactful	---	---	---	---	---	---

IVINSON MEMORIAL HOSPITAL
STAFF NURSES

3 2 1 0 1 2 3

careless	---	---	---	---	---	---
inaccurate	---	---	---	---	---	---
unawareness	---	---	---	---	---	---
unintelligent	---	---	---	---	---	---
incompetent	---	---	---	---	---	---
heedless	---	---	---	---	---	---
disinterested	---	---	---	---	---	---
inconsiderate	---	---	---	---	---	---
discourteous	---	---	---	---	---	---
dishonest	---	---	---	---	---	---
unstable	---	---	---	---	---	---
immature	---	---	---	---	---	---
unwilling	---	---	---	---	---	---
disrespectful	---	---	---	---	---	---
untrustworthy	---	---	---	---	---	---
unpoised	---	---	---	---	---	---
tactless	---	---	---	---	---	---

UNIVERSITY OF WYOMING
STUDENTS OF NURSING

3 2 1 0 1 2 3

friendly	—	—	—	—	—	—
kind	—	—	—	—	—	—
truthful	—	—	—	—	—	—
cooperative	—	—	—	—	—	—
tolerant	—	—	—	—	—	—
enthusiastic	—	—	—	—	—	—
satisfied	—	—	—	—	—	—
interested	—	—	—	—	—	—
flexible	—	—	—	—	—	—
oriented	—	—	—	—	—	—
calm	—	—	—	—	—	—
judicious	—	—	—	—	—	—
democratic	—	—	—	—	—	—
attractive	—	—	—	—	—	—
ethical	—	—	—	—	—	—
loyal	—	—	—	—	—	—
liked	—	—	—	—	—	—

IVINSON MEMORIAL HOSPITAL
STAFF NURSES

3 2 1 0 1 2 3

unfriendly	:	friendly
unkind	:	kind
untruthful	:	truthful
uncooperative	:	cooperative
intolerant	:	tolerant
indifferent	:	enthusiastic
dissatisfied	:	satisfied
disinterested	:	interested
rigid	:	flexible
unoriented	:	oriented
excitable	:	calm
irresponsible	:	judicious
autocratic	:	democratic
unattractive	:	attractive
unethical	:	ethical
disloyal	:	loyal
disliked	:	liked

unfriendly	—	—	—	—	—	—
unkind	—	—	—	—	—	—
untruthful	—	—	—	—	—	—
uncooperative	—	—	—	—	—	—
intolerant	—	—	—	—	—	—
indifferent	—	—	—	—	—	—
dissatisfied	—	—	—	—	—	—
disinterested	—	—	—	—	—	—
rigid	—	—	—	—	—	—
unoriented	—	—	—	—	—	—
excitable	—	—	—	—	—	—
irresponsible	—	—	—	—	—	—
autocratic	—	—	—	—	—	—
unattractive	—	—	—	—	—	—
unethical	—	—	—	—	—	—
disloyal	—	—	—	—	—	—
disliked	—	—	—	—	—	—

IVINSON MEMORIAL HOSPITAL
STAFF NURSES

3 2 1 0 1 2 3

withdrawn
unhealthy
unprofessional
unhappy

outgoing

healthy

professional

happy

withdrawn

unhealthy

unprofessional

unhappy

3 2 1 0 1 2 3

outgoing

healthy

professional

happy

You have now rated students of nursing and staff nurses as you see them. Please go over the lists again and rate each group as you think members of these groups tend to see themselves.

UNIVERSITY OF WYOMING
STUDENTS OF NURSING

3 2 1 0 1 2 3

skilled

resourceful

careful

accurate

awareness

intelligent

competent

alert

interested

considerate

courteous

honest

stable

mature

willing

unskilled

unresourceful

careless

inaccurate

unawareness

unintelligent

incompetent

heedless

disinterested

inconsiderate

discourteous

dishonest

unstable

immature

unwilling

: skilled

: resourceful

: careful

: accurate

: awareness

: intelligent

: competent

: alert

: interested

: considerate

: courteous

: honest

: stable

: mature

: willing

3 2 1 0 1 2 3

unskilled

unresourceful

careless

inaccurate

unawareness

unintelligent

incompetent

heedless

disinterested

inconsiderate

discourteous

dishonest

unstable

immature

unwilling

UNIVERSITY OF WYOMING
STUDENTS OF NURSING

3 2 1 0 1 2 3

respectful

trustworthy

poised

tactful

friendly

kind

truthful

cooperative

tolerant

enthusiastic

satisfied

interested

flexible

oriented

calm

judicious

democratic

disrespectful

untrustworthy

unpoised

tactless

unfriendly

unkind

untruthful

uncooperative

intolerant

indifferent

dissatisfied

disinterested

rigid

unoriented

excitable

irresponsible

autocratic

: respectful

: trustworthy

: poised

: tactful

: friendly

: kind

: truthful

: cooperative

: tolerant

: enthusiastic

: satisfied

: interested

: flexible

: oriented

: calm

: judicious

: democratic

3 2 1 0 1 2 3

disrespectful

untrustworthy

unpoised

tactless

unfriendly

unkind

untruthful

uncooperative

intolerant

indifferent

dissatisfied

disinterested

rigid

unoriented

excitable

irresponsible

autocratic

IVINSON MEMORIAL HOSPITAL
STAFF NURSES

**IVINSON MEMORIAL HOSPITAL
STAFF NURSES**

[illegible]

UNIVERSITY OF WYOMING
STUDENTS OF NURSING

	3	2	1	0	1	2	3
attractive	--	--	--	--	--	--	--
ethical	--	--	--	--	--	--	--
loyal	--	--	--	--	--	--	--
liked	--	--	--	--	--	--	--
outgoing	--	--	--	--	--	--	--
healthy	--	--	--	--	--	--	--
professional	--	--	--	--	--	--	--
happy	--	--	--	--	--	--	--

Below are listed 40 characteristics that people may have in varying degree. Please indicate by a check mark on the appropriate line on the scale opposite each term how important you think each characteristic is for getting along with students of nursing and staff nurses within a teaching unit of a hospital nursing service.

	4	3	2	1	0
skilled	most important	—	—	—	least important
resourceful	most important	—	—	—	least important
careful	most important	—	—	—	least important
accurate	most important	—	—	—	least important
awareness	most important	—	—	—	least important
intelligent	most important	—	—	—	least important
competent	most important	—	—	—	least important
alert	most important	—	—	—	least important
interested	most important	—	—	—	least important
considerate	most important	—	—	—	least important
courteous	most important	—	—	—	least important
honest	most important	—	—	—	least important
stable	most important	—	—	—	least important
mature	most important	—	—	—	least important
willing	most important	—	—	—	least important
respectful	most important	—	—	—	least important

	4	3	2	1	0	
trustworthy	—	—	—	—	—	least important
poised	—	—	—	—	—	least important
tactful	—	—	—	—	—	least important
friendly	—	—	—	—	—	least important
kind	—	—	—	—	—	least important
truthful	—	—	—	—	—	least important
cooperative	—	—	—	—	—	least important
tolerant	—	—	—	—	—	least important
enthusiastic	—	—	—	—	—	least important
satisfied	—	—	—	—	—	least important
interested	—	—	—	—	—	least important
flexible	—	—	—	—	—	least important
oriented	—	—	—	—	—	least important
calm	—	—	—	—	—	least important
judicious	—	—	—	—	—	least important
democratic	—	—	—	—	—	least important
attractive	—	—	—	—	—	least important
ethical	—	—	—	—	—	least important

APPENDIX B

UNIVERSITY OF COLORADO
MEDICAL CENTER
1300 East Ninth Avenue
Denver 20, Colorado

May 11, 1959

	4	3	2	1	0	
loyal	---	---	---	---	---	least important
liked	---	---	---	---	---	least important
outgoing	---	---	---	---	---	least important
healthy	---	---	---	---	---	least important
professional	---	---	---	---	---	least important
happy	---	---	---	---	---	least important

most important

most important

most important

most important

most important

most important

in completing the enclosed check list
information obtained is to be used in my
the check lists are being sent to Univer-
sity of nursing and to Ivinson Memorial
interacting within the teaching units
1958-1959. The results of this
personnel planning.

Please return the forms in the enclosed addressed,
stamped envelope by June 1, 1959.

Sincerely yours,

(Mrs.) Emily J. Tuttle
Graduate Student
Master's Degree Program in
Hospital Nursing Service
Administration

APPENDIX B

UNIVERSITY OF COLORADO
MEDICAL CENTER
4200 East Ninth Avenue
Denver 20, Colorado

SCHOOL OF NURSING

May 11, 1959

Your cooperation in completing the enclosed check list is requested. The information obtained is to be used in my Master's Thesis. These check lists are being sent to University of Wyoming students of nursing and to Ivinson Memorial Hospital staff nurses interacting within the teaching units during the spring semester 1958-1959. The results of this study will be used in personnel planning.

Please return the forms in the enclosed addressed, stamped envelope by June 1, 1959.

Sincerely yours,

(Mrs.) Emily J. Tuttle
Graduate Student
Master's Degree Program in
Hospital Nursing Service
Administration

ET/wk

TABLE IV (continued)

RAW SCORES DENOTING

OPINIONS REGARDING NURSING STUDENTS

Continuum	Students see students			Staff nurses see students			Students think students see themselves			Staff nurses think students see themselves				
	3	2	1	0	1	2	3	3	2	1	0	1	2	3
TRAIT:	3	2	1	0	1	2	3	3	2	1	0	1	2	3
trustworthy	17	14	1	2	0	0	0	0	21	11	1	0	0	0
poised	6	18	3	4	3	0	0	0	7	15	6	3	2	1
tactful	8	13	7	5	1	0	0	1	10	13	8	1	1	0
friendly	17	13	2	2	0	0	0	0	20	10	2	0	1	0
kind	17	13	4	0	0	0	0	0	19	13	1	0	0	0
truthful	19	11	2	2	0	0	0	0	24	8	0	1	0	0
cooperative	19	12	2	1	0	0	0	0	21	10	1	1	0	0
tolerant	10	14	6	4	0	0	0	1	16	9	4	3	1	0
flexible	5	11	11	5	2	0	0	3	11	12	7	2	1	0
oriented	2	9	15	5	2	1	0	2	0	17	9	4	1	2
calm	1	10	10	6	4	2	1	2	2	14	7	5	4	1
judicious	7	17	7	2	0	1	0	0	8	17	6	1	0	1
democratic	14	14	3	3	0	0	0	1	18	12	3	1	0	0
attractive	13	15	4	2	0	0	0	0	11	15	6	2	0	0
ethical	14	12	6	1	0	0	0	1	16	14	3	0	0	0
loyal	19	10	3	2	0	0	0	1	21	10	1	1	0	0
outgoing	6	16	9	2	1	0	0	1	7	15	3	6	2	0
healthy	23	10	0	1	0	0	0	0	23	11	0	0	0	0

TABLE APPENDIX E

TABLE VI

RAW SCORES DENOTING

OPINIONS REGARDING IMPORTANCE OF THE TRAITS

Nursing student respondents						Staff nurse respondents					
Continuum	4	3	2	1	0	4	3	2	1	0	
TRAIT:	11	13	8	2	0	14	9	3	1	0	
attractive	4	7	7	8	8	5	9	8	1	5	
skilled	11	14	9	0	0	15	9	4	0	0	
resourceful	11	17	4	2	0	11	11	6	0	0	
careful	22	10	2	0	0	22	4	2	0	0	
accurate	24	9	1	0	0	24	4	0	0	0	
awareness	22	10	2	0	0	20	8	0	0	0	
intelligent	17	10	6	1	0	14	10	3	1	0	
competent	23	7	2	1	1	20	7	1	0	0	
alert	23	9	2	0	0	22	6	0	0	0	
considerate	24	9	1	0	0	19	8	1	0	0	
courteous	21	8	4	1	0	20	7	0	1	0	
honest	24	8	2	0	0	24	4	0	0	0	
stable	10	13	11	0	0	21	6	1	0	0	
mature	13	14	7	0	0	17	10	1	0	0	
willing	26	7	1	0	0	22	6	0	0	0	
respectful	20	9	3	2	0	21	5	2	0	0	
trustworthy	27	6	1	0	0	22	5	1	0	0	
poised	5	13	13	3	0	6	12	6	3	1	
tactful	18	13	3	0	0	14	11	3	0	0	
friendly	22	12	0	0	0	13	12	2	1	0	
kind	19	15	0	0	0	16	7	5	0	0	
truthful	27	6	1	0	0	24	4	0	0	0	
cooperative	27	6	1	0	0	21	7	0	0	0	
tolerant	17	12	5	0	0	15	12	1	0	0	
flexible	14	12	8	0	0	10	13	4	1	0	
oriented	16	8	7	3	0	17	8	2	1	0	
calm	12	10	10	1	1	17	6	4	1	0	
judicious	11	14	8	1	0	15	9	4	0	0	

APPENDIX F
TABLE VI (continued)
TABLE VII
RAW SCORES DENOTING
PROFILE OF NURSING STUDENTS
OPINIONS REGARDING IMPORTANCE OF THE TRAITS

Continuum	Nursing student respondents					Staff nurse respondents				
	4	3	2	1	0	4	3	2	1	0
	(1)				(2)	(3)				(4)
TRAIT:										
democratic	11	13	8	2	0	14	9	3	1	0
attractive	4	7	32	7	8	250	2	5	9	8
ethical	19	2	9	53	5	1	0	893	2	20
loyal	12	2	9	12	11	2	0	464	2	15
outgoing	9	13	52	10	1	1	0	36	2	5
healthy	8	11	65	8	5	2	929	1	13	7
		2	353		2	936	2	147		2
Integrity index	2.241					1.935				
						2.274				
						2.506				
Technical skill										
accurate	1.588					1.500				
alert	2.000					1.643				
awareness	1.676					0.393				
careful	2.206					1.571				
competent	1.412					9.607				
intelligent	2.147					2.071				
oriented	1.029					1.036				
skilled	1.059					0.500				
resourceful	1.441					9.536				
Technical skill index	1.618					1.040				
						1.552				
						2.210				

APPENDIX F

TABLE VII
PROFILE OF NURSING STUDENTS
PROFILE OF NURSING STUDENTS

Trait complexes and their traits	Students see students (1)	Staff nurses see students (2)	Students think	Staff nurses
			students see themselves (3)	think students see themselves (4)
<u>Integrity</u>	2.471	2.107	2.559	2.067
truthful	2.382	2.250	2.529	2.607
trustworthy	2.353	1.893	2.471	2.500
honest	2.412	2.464	2.500	2.679
ethical	2.182	2.036	2.264	2.643
judicious	1.765	0.929	1.735	1.964
loyal	2.353	2.036	2.147	2.643
<u>Integrity index</u>	2.241	1.935	2.274	2.506
<u>Technical skill</u>	2.190	1.947	2.187	2.510
accurate	1.588	1.500	1.588	2.464
alert	2.000	1.643	2.088	2.464
awareness	1.676	0.893	1.794	2.179
careful	2.206	1.571	2.147	2.464
competent	1.412	0.607	1.412	2.179
intelligent	2.147	2.071	1.647	2.536
oriented	1.029	1.036	1.029	1.929
skilled	1.059	0.500	1.088	1.893
resourceful	1.441	0.536	1.176	1.857
<u>Technical skill index</u>	1.618	1.040	1.552	2.210

APPENDIX G
TABLE VII (continued)
TABLE VIII
PROFILE OF NURSING STUDENTS
PROFILE OF STAFF NURSES

Trait complexes and their traits	Students see students (1)	Staff nurses see students (2)	Students think students see themselves (3)	Staff nurses think students see themselves (4)
<u>Human relations skill</u>	(1)	(2)	(3)	(4)
willing	2.471	2.107	2.559	2.067
cooperative	2.441	2.000	2.418	2.643
considerate	2.412	2.036	2.324	2.571
courteous	2.441	2.179	2.441	2.607
respectful	2.265	1.893	2.176	2.607
friendly	2.324	2.214	2.353	2.607
kind	2.382	2.321	2.412	2.536
tolerant	1.882	1.929	1.971	2.393
tactful	1.647	1.286	1.794	2.321
democratic	2.147	1.643	2.382	2.429
outgoing	1.706	1.750	1.529	2.286
Human relations skill index	2.190	1.947	2.187	2.510
<u>Emotional and physical health</u>	1.765	2.143	2.618	2.536
	1.912	2.143	2.529	2.393
	1.441	1.679	2.618	2.607
mature	1.294	0.929	1.441	2.286
stable	1.559	1.357	1.588	2.321
flexible	1.353	0.643	1.794	1.964
calm	0.647	0.750	0.941	1.893
healthy	2.618	2.321	2.676	2.750
poised	1.588	1.750	1.559	2.071
attractive	2.147	2.143	2.029	2.643
Emotional and physical health index	1.600	1.413	1.714	2.263

TABLE APPENDIX G
 PROFILE TABLE VIII
 PROFILE OF STAFF NURSES

Trait complexes and their traits	Students see staff nurses	Staff nurses see staff nurses	Students think staff nurses see themselves	Staff nurses think staff nurses see themselves
	(1)	(2)	(3)	(4)
<u>Integrity</u>	1.324	2.179	2.029	2.484
truthful	2.265	2.321	2.529	2.571
trustworthy	2.176	2.429	2.647	2.714
honest	2.265	2.464	2.588	2.750
ethical	1.879	2.036	2.588	2.464
judicious	2.059	1.714	2.618	2.393
loyal	1.794	1.893	2.441	2.214
Integrity index	2.073	2.143	2.569	2.518
<u>Technical skill</u>				
accurate	1.676	1.821	2.559	2.464
alert	1.765	2.143	2.618	2.536
awareness	1.912	2.143	2.529	2.393
careful	1.441	1.679	2.618	2.607
competent	2.265	2.250	2.735	2.571
intelligent	2.235	2.143	2.441	2.464
oriented	2.206	2.250	2.706	2.321
skilled	2.057	2.071	2.794	2.571
resourceful	1.676	1.821	2.647	2.393
Technical skill index	1.915	2.036	2.627	2.480

TABLE VIII (continued)
 PROFILE OF STAFF NURSES

IMPORTANCE OF TRAIT COMPLEXES				
Trait complexes and their traits	Students see staff nurses	Staff nurses see staff nurses	Students think staff nurses see themselves	Staff nurses think staff nurses see themselves
	(1)	(2)	(3)	(4)
<u>Human relations skill</u>				
willing	1.265	2.071	2.118	2.571
cooperative	1.324	2.179	2.029	2.464
considerate	1.059	1.929	2.424	2.464
courteous	1.147	1.964	2.441	2.429
respectful	1.118	2.178	2.324	2.500
friendly	0.853	1.824	2.029	2.464
kind	1.647	2.250	2.265	2.536
tolerant	0.882	1.750	1.853	2.393
tactful	0.794	1.857	2.265	2.250
democratic	1.559	2.179	2.529	2.321
outgoing	1.559	1.893	1.882	2.214
Human relations skill index	1.201	2.007	2.196	2.424
<u>Emotional and physical health</u>				
mature	2.882	2.250	2.765	2.536
stable	2.147	2.036	2.618	2.429
flexible	1.088	1.857	2.118	2.179
calm	2.294	2.143	2.529	2.214
healthy	2.294	2.250	2.500	2.500
poised	1.824	2.071	2.441	2.321
attractive	1.824	2.000	2.118	2.500
Emotional and physical health index	2.050	2.087	2.441	2.383

TABLE IX (continued)
 APPENDIX H
 IMPORTANCE OF TRAIT COMPLEXES
 TABLE IX

IMPORTANCE OF TRAIT COMPLEXES

Trait complexes and their traits	Nursing student index	Staff nurse index
<u>Integrity</u>	3.765	3.750
truthful	3.765	3.857
trustworthy	3.765	3.750
honest	3.647	3.857
ethical	3.353	3.679
judicious	3.029	3.393
loyal	2.912	3.250
Complex index	3.412	3.631
<u>Technical skill</u>		
accurate	3.676	3.857
alert	3.618	3.786
awareness	3.588	3.714
careful	3.588	3.714
competent	3.471	3.679
intelligent	3.265	3.321
oriented	3.088	3.464
skilled	3.059	3.939
resourceful	3.088	3.179
Complex index	3.382	3.567

TABLE IX (continued)
IMPORTANCE OF TRAIT COMPLEXES

Trait complexes and their traits	Nursing student index	Staff nurse index
<u>Human relations skill</u>		
willing	3.735	3.788
cooperative	3.765	3.750
considerate	3.676	3.643
courteous	3.441	3.643
respectful	3.382	3.679
friendly	3.647	3.321
kind	3.559	3.393
tolerant	3.353	3.500
tactful	3.441	3.393
democratic	2.971	3.333
outgoing	2.824	2.607
Complex index	3.436	3.459
<u>Emotional and physical health</u>		
mature	3.176	3.571
stable	2.971	3.714
flexible	3.176	3.143
calm	2.912	3.393
healthy	2.529	3.071
poised	2.588	2.679
attractive	1.735	2.286
Complex index	2.728	3.122